2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# P98000053927

Entity Name: SOUTHEASTERN INTERVENTIONAL PAIN PHYSICIANS & ANESTHESIA, P.A.

Current Principal Place of Business:

921 HOSPITAL DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

151 MARY ESTHER BLVD.
SUITE 303
MARY ESTHER, FL 32569

Current Mailing Address:

BOX 699
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 59-3519793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAVISKI, GREGORY P
420 JAMES RIVER ROAD
GULF BREEZE, FL 32562 US

Name and Address of New Registered Agent:

STAVISKI, GREGORY P
420 JAMES RIVER ROAD
GULF BREEZE, FL 32561 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/27/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STAVISKI, GREGORY P
Address: 420 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32562

Title: VT ( ) Delete
Name: STAVISKI, ATHENA
Address: 420 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32562

Title: S ( ) Delete
Name: NGUYEN, LAMVAN
Address: 4739 HICKORY SHORES BLVD.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STAVISKI, GREGORY P
Address: 420 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32561

Title: VT (X) Change ( ) Addition
Name: STAVISKI, ATHENA
Address: 420 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATHENA STAVISKI VT 03/27/2006
Electronic Signature of Signing Officer or Director — Date